

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10-31-08-Tim

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		/	/			
4			/			
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6		8	/			
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	13	←	14	←	←	
TOTAL CLAIMS	14		15			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						